

1 **Sequence optimized real-time RT-PCR assay for detection of Crimean-Congo hemorrhagic fever**
2 **virus**

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13 **Abstract**
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15 Crimean-Congo hemorrhagic fever virus (CCHFV) is a tick-borne virus of the genus *Nairovirus* within
16 the family *Bunyaviridae*. Infection can result in general myalgia, fever, and headache with some patients
17 developing hemorrhagic fever with mortality rates ranging from 5-30%. CCHFV has a wide geographic
18 range that includes Africa, Asia, the Middle East, and Europe with nucleotide sequence variation
19 approaching 20% across the three negative-sense RNA genome segments. While phylogenetic clustering
20 generally aligns with geographic origin of individual isolates, distribution can be wide due to
21 tick/CCHFV dispersion via migrating birds. This sequence diversity negatively impacts existing
22 molecular diagnostic assays, leading to false negative diagnostic results. Here, we updated our previously
23 developed CCHFV real-time RT-PCR assay to include CCHFV strains not detected using that original
24 assay. Deep sequencing of eight different CCHFV strains, including three that were not detectable using
25 the original assay, identified sequence variants within this assay target region. New primers and probe
26 based on the sequencing results and newly deposited sequences in GenBank greatly improved assay
27 sensitivity and inclusivity. Subsequent comparison of this assay to another commonly used CCHFV real-
28 time RT-PCR assay targeting a different region of the viral genome showed improved detection, and both
29 assays could be used to mitigate CCHFV diversity with diagnostics. Overall, this work demonstrated the
30 importance of viral sequencing efforts for robust diagnostic assay development with specific
31 improvement in our currently fielded CCHFV assay.

Introduction

Crimean-Congo hemorrhagic fever virus (CCHFV; family *Bunyaviridae*, genus *Nairovirus*) infection of humans can result in a disease spectrum ranging from a nonspecific febrile illness to hemorrhagic fever manifestations with a mortality rate of 5-30% [1]. The relatively low rate of disease in seropositive populations has spurred research into potential host susceptibility factors [2-5], although the availability of appropriate supportive care may provide a more direct correlation with clinical outcomes. CCHFV is predominantly transmitted by ixodid ticks of the genus *Hyalomma*, and CCHFV has a wide geographic distribution with endemic foci in eastern Europe, sub-Saharan and southern Africa, the Middle East, and Asia [6, 7]. Handling of tick-infested livestock and proximity to vegetated areas with high tick burdens are significant risk factors for CCHFV infection. In addition, nosocomial exposure to CCHFV-infected individuals in low resource facilities can result in severe disease among healthcare workers [1, 7].

CCHFV is an enveloped virus with a trisegmented, negative-sense RNA genome that encodes an RNA-dependent RNA polymerase (L), two major structural glycoproteins (G_N and G_C), and a nucleoprotein (N) on the L, M, and S genome segments, respectively. CCHFV has the largest genome of any bunyavirus at 19.1 kb total with 12.1, 5.4, and 1.6 kb in the three genome segments, respectively. To date, the NIAID Virus Pathogen Database and Analysis Resource (ViPR) lists complete genome sequences available for 54 (L), 75 (M), and 102 (S) genome segments of CCHFV isolates [8]. Pairwise alignments of these sequences indicate that their mean sequence identities are 89.4 % (L), 80.0 % (M), and 88.1 % (S).

Currently, there are no CCHFV vaccines or therapeutics approved for human use by the United States Food and Drug Administration, although immunoglobulin therapy and ribavirin have been used abroad with mixed results [14]. In the absence of approved countermeasures, effective diagnostics remain an invaluable means to identify and control CCHFV outbreaks. A variety of assay platforms for CCHFV can detect viral nucleic acids to include low density microarrays [15], high density resequencing arrays [16], padlock probes with colorimetric readout [17], LAMP [18], and polymerase chain reaction [19-23]. Real-time reverse-transcription PCR remains the gold standard for quantitative, sensitive, and specific detection of CCHFV; however, these assays have sensitivity issues due to the genetic diversity of different CCHFV strains [24].

Previously, Garrison et al developed a TaqMan MGB real-time RT-PCR assay capable of detecting eighteen strains of CCHFV [25]. In subsequent testing of this assay identified several additional strains which were undetectable by this assay [20]. We suspected the inherent diversity of CCHFV genome contributed to inefficient primer/probe hybridization. To improve the assay performance, we sequenced these strains and designed a set of degenerate primers and probes to take into account CCHFV diversity in the assay target region. This optimization increased assay sensitivity compared to the original Garrison et al. assay and to a commonly used assay developed by Atkinson et al [20, 26-31].

Materials and Methods

Viruses. Multiple CCHFV strains including IbAr10200 (UCC# R4401), DAK8194 (UCC# R4416), SPU 128/81 (UCC# R4417), SPU 115/87 (UCC# R4448), UG 3010 (UCC# R4432), JD-206 (UCC# R4413), HY-13 (UCC# R4459), and Drosdov (UCC# R4405) were acquired from the Unified Culture Collection (UCC) maintained at US Army Medical Research Institute of Infectious Diseases (USAMRIID). Total RNA was extracted from 200 μ l of cell culture supernatant using TRIzol LS (Thermo Fisher Scientific, Waltham, MA), the EZ1 Advanced XL (Qiagen, Valencia, CA), and the EZ1 Virus Mini Kit V 2.0 (Qiagen) according the manufacturers' recommendations. Total nucleic acid was eluted in 90 μ l elution buffer and stored at -80 °C until use. Previously extracted RNA from additional CCHFV strains maintained at the USAMRIID including I-40, 2219 KKK28, I-248, SPU 97/85, SPU 134/ 87, SPU 415/85, and SPU 41/84 were used for assay inclusivity testing.

S segment sequencing and analysis. The S segment of each CCHFV isolate was amplified from 15 µl of total nucleic acid eluate using previously described primers [32] that were modified for Nextera-based Illumina sequencing. The sequencing and assembly of these segments were previously described (reference Genome Announcement). Briefly, the S segment of each virus was amplified using the SuperScript III One-Step RT-PCR system with Platinum *Taq* DNA Polymerase High Fidelity (Thermo Fisher Scientific) and gel-purified [QIAquick Gel Extraction Kit (Qiagen)]. Next-generation sequencing libraries were generated using the Nextera XT DNA Library Kit (Illumina) according to the manufacturer's instructions. Libraries were pooled and sequenced on the MiSeq Desktop Sequencer (Illumina). Consensus sequences were generated using CLC Genomics Workbench (Qiagen). The SRA files were deposited into Bioproject PRJNA360092, and the consensus sequences were deposited into GenBank [IbAr10200 (KY484036), DAK8194 (KY484027), SPU 128/81 (KY484044), SPU 115/87 (KY484040), UG3010 (KY484048), JD-206 (KY484037), HY-13 (KY484031), and Drosdov (KY484028)].

The S segments from these newly sequenced viruses were aligned, and the assay target region was isolated for variant analysis and assay redesign. Additionally, existing CCHFV S segment sequences from GenBank that covered the assay target region were aligned with CLC Genomics Workbench (Supplementary Figure 1).

Real-time RT-PCR assays. The existing CCHFV-S assay [25] was run as previously described with modifications described below. For the new assay described here (CCHFV-S2), primers and probe were designed within the same assay target region based on the data from the newly sequenced CCHFV isolates (see Table 1 for the primer and probe sequences and concentrations). Both assays (CCHFV-S and CCHFV-S2) were run on a Roche LightCycler 480 (Roche Applied Science, Indianapolis, IN) using the SuperScript One-Step RT-PCR Kit (Thermo Fisher Scientific), 5 µl purified nucleic acid, and a final concentration of 3 mM MgSO₄. Cycling conditions were 50 °C for 15 minutes, 95 °C for 5 min, and then 45 cycles of 94 °C for 1 s, 55 °C for 20 s, and 68 °C for 5 s. For the comparison with the Atkinson assay, primers, probe, and reaction conditions were the same as previously published [20]. The fluorescence was measured at the end of each 68 °C extension step, and a positive call required a quantification cycle (Cq) value of less than 40 cycles. All negative calls were given a Cq value of 40. The modified assay (CCHFV-S2) was optimized for primer and probe concentrations using CCHFV IbAr10200 RNA. This process involved testing multiple primer concentrations ranging from 0.5 to 1.0 mM with 0.2 mM probe. The optimal primer concentration was selected based on the lowest Cq value and the highest endpoint fluorescence (data not shown).

A preliminary limit of detection (LOD) determination was conducted for both assays by serially diluting viral RNA either ten-fold or five-fold in two different series, and samples were run by real-time RT-PCR in triplicate. The preliminary LOD was the lowest RNA dilution where all replicates were positive. The LOD was confirmed by running 60 replicates at the LOD, requiring at least 58 of 60 replicates to be positive. Exclusivity testing was conducted using a viral RNA reference panel maintained at USAMRIID and acquired from the UCC. These viruses included Rift Valley fever virus (MP12), Hantaan virus (76118), yellow fever virus (17D), dengue virus serotype 1 (WestPac, UCC# R4423), dengue virus serotype 2 (S16803, UCC# R4424), dengue virus serotype 3 (CH53489, UCC# R4425), dengue virus serotype 4 (341750, UCC# R4426), West Nile virus [EG101 (UCC# R4310T) and NY99 (UCC# R4272T)], Chikungunya virus [B8636 and 38635], Lassa fever virus Josiah (UCC# R4086T), and Ebola virus variant Mayinga (UCC# R3828S). Inclusivity for both assays was determined using the 15 different strains of CCHFV maintained at USAMRIID and the UCC described above.

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128 *Statistics.* Statistical analyses were performed using GraphPrism 6 (GraphPad Software, San Diego, CA).
129 Assay linearity based on the preliminary LOD was determined based on the linear range of the curve
130 using a nonlinear regression analysis. A two-way ANOVA with Sidak's multiple comparisons test was
131 done to determine differences between the CCHF-S and CCHF-S-pan assay using multiple CCHFV strain
132 RNAs.

133 134 **Results**

135
136 *CCHFV strain sequencing and analysis.* Since the development of our original CCHFV-S assay [25], we
137 (CCHF-S, Table 2) and others [20] identified decreased assay performance including nondetection of
138 several CCHFV strains (JD-206, Drosdov, and DAK8194). To address this problem, we conducted deep
139 sequencing of multiple CCHFV S segments, including the three nondetectable CCHFV strains ([reference](#)
140 [Genome Announcement](#)). The S segment consensus sequences for these viruses were aligned to identify
141 mismatches within the assay target region (Figure 1).
142

143 Multiple nucleotide variants were identified in the primer and probe region for each strain sequenced
144 (Figure 1), resulting in suboptimal primer/probe binding. Of note, a deletion in the 5' end of the published
145 probe sequence, along with additional 3' probe variants for JD-206 and DAK 8194, likely resulted in
146 nondetection of those two virus strains. Multiple variants in the reverse primer of Drosdov likely
147 contributed to that strain's nondetection.
148

149 *Assay evaluation.* New primers and probe (assay CCHF-S2, Table 1) were redesigned to incorporate as
150 much sequence diversity at the assay target location as possible. Comparison of the CCHFV-S2 assay
151 primer/probe sequence to all CCHFV S segment sequences available in GenBank at the time of the assay
152 redesign (n = 138, Supplementary Figure 1) showed the forward, reverse, and probe sequences had no
153 greater than 1 mismatch (and an exact match within the last 2 bases of the 3' end) for 93.5, 99.3, and
154 98.6% of these S segment sequences, respectively.
155

156 The analytical characteristics of both the CCHF-S and CCHF-S2 assays were determined using a well-
157 characterized stock of IbAr10200 (Figure 2, Table 3). The preliminary limit of detection (LOD), the
158 highest dilution of virus where 3 of 3 replicates were all positive, was 1.28 PFU/reaction or 256 PFU/ml
159 for the CCHF-S2 assay (Figure 2). Considering the linear segment of the dilution series, the R^2 value was
160 0.980, and the y-intercept was 43.64. This LOD was confirmed by running 60 replicates at this LOD,
161 resulting in 58 of 60 positive replicates (Figure 2). For the CCHF-S assay using the same IbAr10200
162 RNA (Figure 2) identified the preliminary LOD, confirmed by 59 of 60 replicates being positive, to be
163 1.28×10^4 PFU/rxn or 2.56×10^6 PFU/ml. The assay linearity over the linear part of the dilution series
164 was 0.845, and the y-intercept was 53.41.
165

166 The CCHF-S2 assay was then compared to another commonly used assay, the Atkinson assay [20], which
167 targets a different region within the CCHFV S segment. Using the same RNA as a template and the
168 reaction conditions described in [20], we identified a greater assay sensitivity compared to the CCHFV-S
169 assay but decreased sensitivity compared to the CCHF-S2 assay (Figure 2, Tables 2 and 3). The assay
170 LOD with IbAr10200 RNA was 2.56×10^4 PFU/ml with 60/60 replicates being positive. While several
171 nucleotide variants were identified for the Atkinson assay within the assay target region of the CCHFV
172 isolates previously sequenced ([reference Genome Announcement](#)), incorporating sequence-optimized
173 reverse primer and the probe into the Atkinson assay did not change assay sensitivity (data not shown).
174

175 All three assays were then screened against an inclusivity panel of 15 different CCHFV isolates (Table 3).
176 The CCHF-S2 assay and the Atkinson assay detected all of the CCHFV isolates including the three that
177 the CCHF-S assay did not detect. Assay sensitivity, reflected in the C_q values, was generally better for the

CCHF-S2 assay (Table 3). In comparing the CCHF-S and the CCHF-S2 assays, almost all of these viruses had large improvements in the Cq values. For example, SPU 115/87 had ~10 Cq (~3 log) improvement in sensitivity, and IbAr10200 had ~15 Cq (>4 log) improvement (Table 3). Exclusivity testing for multiple viruses (see Materials and Methods) with the CCHF-S2 assay resulted in negative detection for each virus tested.

Discussion

Due to the low fidelity of the viral RNA-dependent RNA-polymerase, RNA viruses generally rapidly evolve under selective pressure, resulting in significant phylogenetic heterogeneity. This diversity can be problematic for diagnostic assays and therapeutics, requiring assay modification as additional sequence information becomes available. Indeed, two recently published studies investigating the genomic diversity of the Ebola virus circulating in West Africa [33, 34] identified multiple nucleotide variants among several commonly used Ebola virus real-time RT-PCR assays and therapeutics in development. These studies suggest such variants could negatively impact efficacy of diagnostic assays and therapeutics. To mitigate the diagnostic risk of CCHFV diversity, we re-designed our currently fielded CCHFV assay by incorporating sequencing data from several CCHFV isolates that were previously undetectable with the original assay.

Deep sequencing of the CCHFV S segments of these and other CCHFV isolates identified multiple nucleotide variants within the CCHF-S assay target region. These variants likely led to the decreased assay performance we observed the CCHFV-S assay. Variant analysis within this assay region did not identify intra-viral nucleotide differences (data not shown), suggesting some signature stability within each isolate and supporting continued targeting of this genomic region as a diagnostic signature. Based on these sequencing data and the CCHFV genomic data deposited into GenBank since the original assay design, a new assay (CCHF-S2) incorporated degenerate primers and probe taking into account the assay target sequence diversity. These primers greatly improved CCHFV detection, reflected in lower Cq values and detection of the three isolates not detected by the CCHF-S assay.

For highly diverse viruses like CCHFV, it is advantageous to have several diagnostic assays that target different regions of the viral genome in order to further minimize the diagnostic risk of a false negative call due to primer/probe mismatches. We conducted a comparison with another commonly used CCHFV assay developed by Atkinson and colleagues that targets the 5' untranslated region of the CCHFV S segment [20]. While both the CCHF-S2 assay and the Atkinson assay positively detected all of the CCHFV strains tested here, the CCHF-S2 assay had improved sensitivity for most of the tested strains. Since both of these assays target different regions of the CCHFV genome, both assays could be used for increased confidence in diagnostic and biosurveillance efforts in order to mitigate the risk of nondetection due to CCHFV's diversity.

In summary, we redesigned a CCHFV real-time RT-PCR assay that was initially developed when limited sequence information was available and did not perform optimally with newly acquired CCHFV isolates. This new assay contains degenerate primers and probe that accounts for a significant amount of the diversity within CCHFV, resulting in dramatically improved isolate detection and assay sensitivity. These data increase the confidence in the new assay detecting true positives, and this approach can be used to improve assay sensitivity existing nucleotide-based assays.

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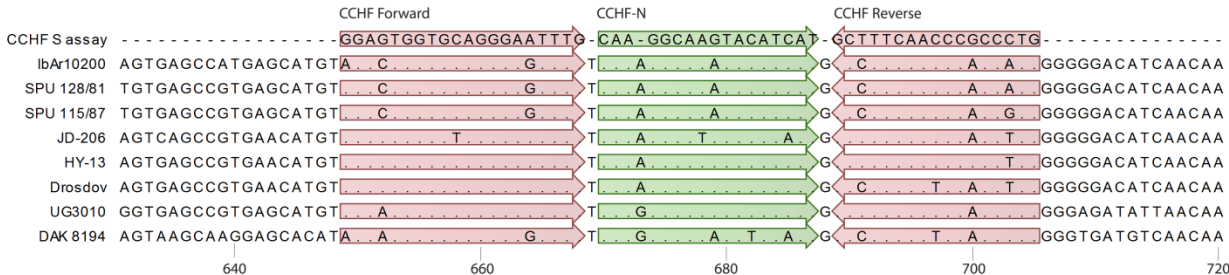


Figure 1. CCHFV isolate sequence analysis. Consensus sequences from eight newly sequenced CCHFV isolates (reference Genome Announcement) and the Garrison assay primer/probe sequences [25], indicated with red and green arrows, respectively, were aligned. Nucleotides identical to the primer and probe sequence are shown as dots, and nucleotide numbers are relative to IbAr10200. Degenerate primers and probe for the Garrison assay (see Table 1) were designed based off of these aligned sequences.

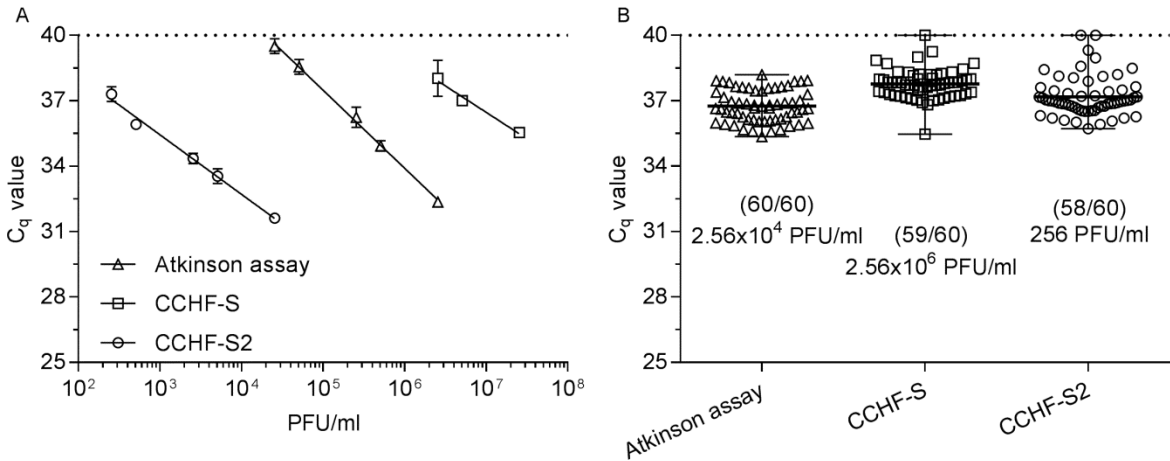


Figure 2. CCHFV assay characterization. (A) CCHFV IbAr10200 RNA was serially diluted in two series, 1:5 and 1:10, and assayed with the CCHFV assays. Shown is a nonlinear fit of the linear range where all three of the replicates were positive. (B) The preliminary LOD was confirmed by running 60 replicates at the preliminary LOD. The dashed line in each figure indicates the Cq positive/negative cutoff (40 cycles).

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Table 1. CCHFV real-time primers and probe

Assay	Primers/pro	Sequence (5'-3')	Conc.	Amplicon	Referenc
CCHF-S	CCHF	GGAGTGGTGCAGGGAATTTG	1.25	57	[25]
	CCHF	CAGGGCGGGTTGAAAGC	1.25		
	CCHF-N	6FAM-CAAGGCAAGTACATCAT-	0.1		
CCHFV-	CCHF-SF2	GGAVTGGTGVAGGGARTTTG	1.0	57	here
	CCHF-SR2	CADGGTGGRTTGAARGC	1.0		
	CCHF-N2	6FAM-CAARGGCAARTACATMAT-	0.2		

Table 2. CCHFV assay detection

virus	detection (average Cq \pm STDEV)		
	CCHFV-S2	CCHF-S ²	Atkinson assay
I-40	20.66 \pm 0.380	17.13 \pm 0.242	27.62 \pm 0.3
2219 KKK28	25.12 \pm 0.04	22.34 \pm 0.290	35.01 \pm 0.16
I-248	22.95 \pm 0.04	23.56 \pm 0.174	31.23 \pm 0.27
JD-206	34.29 \pm 0.511	nd	31.69 \pm 0.3
Drosdov	29.00 \pm 0.091	nd	39.37 \pm 0.64
HY13	19.66 \pm 0.07	17.85 \pm 0.11	24.94 \pm 0.21
SPU 97/85	21.69 \pm 0.133	34.10 \pm 1.308	38.94 \pm 0.51
SPU 134/87	25.48 \pm 0.182	30.30 \pm 2.081	31.61 \pm 0.13
SPU 115/87	24.28 \pm 0.489	34.35 \pm 0.474	31.96 \pm 0.26
SPU 415/85	18.97 \pm 0.025	32.18 \pm 0.219	26.81 \pm 0.22
SPU 41//84	25.68 \pm 0.083	32.86 \pm 0.321	25.68 \pm 0.2
SPU 128/81	23.16 \pm 0.216	37.37 \pm 0.525	28.97 \pm 0.04
UG3010	24.20 \pm 0.059	24.01 \pm 0.050	29.84 \pm 0.14
IbAr10200	24.28 \pm 0.201	39.47 \pm 0.924	30.55 \pm 0.52
DAK8194	28.89/29.28 ¹	nd	33.46 \pm 0.54

¹2 of 3 replicates were positive²nd is not detected**Table 3. Analytical assay characteristics with IbAr10200**

assay	linearity (R ²)	slope	y-intercept	LOD, PFU/ml (positives/60 replicates)	Cq \pm STDEV	coefficient of variance
CCHF-S	0.845	-2.419	53.41	2.56 x 10 ⁶ (59/60)	37.77 \pm 0.68	1.79%
CCHFV-S2	0.980	-2.730	43.64	256 (58/60)	37.18 \pm 0.91	2.95%
Atkinson assay	0.987	-3.581	55.4	2.56 x 10 ⁴ (60/60)	36.75 \pm 0.74	2.02%

References

1. Ergonul O. Crimean-Congo haemorrhagic fever. *Lancet Infect Dis.* 2006;6(4):203-14. Epub 2006/03/24. doi: S1473-3099(06)70435-2 [pii]
10.1016/S1473-3099(06)70435-2. PubMed PMID: 16554245.
2. Engin A, Arslan S, Ozbilum N, Bakir M. Is there any relationship between Toll-like receptor 3 c.1377C/T and -7C/A polymorphisms and susceptibility to Crimean Congo haemorrhagic fever? *J Med Virol.* 2016. doi: 10.1002/jmv.24519. PubMed PMID: 26959380.
3. Arslan S, Engin A, Ozbilum N, Bakir M. Toll-like receptor 7 Gln11Leu, c.4-151A/G, and +1817G/T polymorphisms in Crimean Congo hemorrhagic fever. *J Med Virol.* 2015;87(7):1090-5. doi: 10.1002/jmv.24174. PubMed PMID: 25879168.
4. Arslan S, Engin A. Relationship between NF-kappaB1 and NF-kappaBIA genetic polymorphisms and Crimean-Congo hemorrhagic fever. *Scand J Infect Dis.* 2012;44(2):138-43. doi: 10.3109/00365548.2011.623313. PubMed PMID: 22066734.
5. Engin A, Arslan S, Kizildag S, Ozturk H, Elaldi N, Dokmetas I, et al. Toll-like receptor 8 and 9 polymorphisms in Crimean-Congo hemorrhagic fever. *Microbes Infect.* 2010;12(12-13):1071-8. doi: 10.1016/j.micinf.2010.07.012. PubMed PMID: 20674764.
6. Messina JP, Pigott DM, Golding N, Duda KA, Brownstein JS, Weiss DJ, et al. The global distribution of Crimean-Congo hemorrhagic fever. *Trans R Soc Trop Med Hyg.* 2015;109(8):503-13. doi: 10.1093/trstmh/trv050. PubMed PMID: 26142451; PubMed Central PMCID: PMC4501401.
7. Bente DA, Forrester NL, Watts DM, McAuley AJ, Whitehouse CA, Bray M. Crimean-Congo hemorrhagic fever: history, epidemiology, pathogenesis, clinical syndrome and genetic diversity. *Antiviral Res.* 2013;100(1):159-89. doi: 10.1016/j.antiviral.2013.07.006. PubMed PMID: 23906741.
8. Pickett BE, Sadat EL, Zhang Y, Noronha JM, Squires RB, Hunt V, et al. ViPR: an open bioinformatics database and analysis resource for virology research. *Nucleic Acids Res.* 2012;40(Database issue):D593-8. doi: 10.1093/nar/gkr859. PubMed PMID: 22006842; PubMed Central PMCID: PMC3245011.
9. Zhou Z, Deng F, Han N, Wang H, Sun S, Zhang Y, et al. Reassortment and migration analysis of Crimean-Congo haemorrhagic fever virus. *J Gen Virol.* 2013;94(Pt 11):2536-48. doi: 10.1099/vir.0.056374-0. PubMed PMID: 23939975.
10. Karti SS, Odabasi Z, Korten V, Yilmaz M, Sonmez M, Caylan R, et al. Crimean-Congo hemorrhagic fever in Turkey. *Emerg Infect Dis.* 2004;10(8):1379-84. doi: 10.3201/eid1008.030928. PubMed PMID: 15496237; PubMed Central PMCID: PMC3320426.
11. Lindeborg M, Barboutis C, Ehrenborg C, Fransson T, Jaenson TG, Lindgren PE, et al. Migratory birds, ticks, and crimean-congo hemorrhagic fever virus. *Emerg Infect Dis.* 2012;18(12):2095-7. doi: 10.3201/eid1812.120718. PubMed PMID: 23171591; PubMed Central PMCID: PMC3557898.
12. Palomar AM, Portillo A, Santibanez P, Mazuelas D, Arizaga J, Crespo A, et al. Crimean-Congo hemorrhagic fever virus in ticks from migratory birds, Morocco. *Emerg Infect Dis.* 2013;19(2):260-3. doi: 10.3201/eid1902.121193. PubMed PMID: 23347801; PubMed Central PMCID: PMC3559059.
13. Leblebicioglu H, Eroglu C, Erciyas-Yavuz K, Hokelek M, Acici M, Yilmaz H. Role of migratory birds in spreading Crimean-Congo hemorrhagic fever, Turkey. *Emerg Infect Dis.* 2014;20(8):1331-4. doi: 10.3201/eid2008.131547. PubMed PMID: 25062428; PubMed Central PMCID: PMC4111188.
14. Spengler JR, Bente DA. Therapeutic intervention in Crimean-Congo hemorrhagic fever: where are we now? *Future Virol.* 2015;10(3):203-6. doi: 10.2217/fvl.14.115. PubMed PMID: 26379760; PubMed Central PMCID: PMC4567545.
15. Wolfel R, Paweska JT, Petersen N, Grobbelaar AA, Leman PA, Hewson R, et al. Low-density macroarray for rapid detection and identification of Crimean-Congo hemorrhagic fever virus. *J Clin Microbiol.* 2009;47(4):1025-30. Epub 2009/02/20. doi: JCM.01920-08 [pii]
10.1128/JCM.01920-08. PubMed PMID: 19225100.

- 312 16. Filippone C, Marianneau P, Murri S, Mollard N, Avsic-Zupanc T, Chinikar S, et al. Molecular
313 diagnostic and genetic characterization of highly pathogenic viruses: application during Crimean-Congo
314 haemorrhagic fever virus outbreaks in Eastern Europe and the Middle East. *Clin Microbiol Infect.*
315 2013;19(2):E118-28. doi: 10.1111/1469-0691.12075. PubMed PMID: 23240764; PubMed Central
316 PMCID: PMC3663000.
- 317 17. Ke R, Zorzet A, Goransson J, Lindegren G, Sharifi-Mood B, Chinikar S, et al. Colorimetric
318 nucleic acid testing assay for RNA virus detection based on circle-to-circle amplification of padlock
319 probes. *J Clin Microbiol.* 2011;49(12):4279-85. doi: 10.1128/JCM.00713-11. PubMed PMID: 21956984;
320 PubMed Central PMCID: PMC3232973.
- 321 18. Osman HA, Eltom KH, Musa NO, Bilal NM, Elbashir MI, Aradaib IE. Development and
322 evaluation of loop-mediated isothermal amplification assay for detection of Crimean Congo hemorrhagic
323 fever virus in Sudan. *J Virol Methods.* 2013;190(1-2):4-10. doi: 10.1016/j.jviromet.2013.03.004. PubMed
324 PMID: 23542058.
- 325 19. Jaaskelainen AJ, Kallio-Kokko H, Ozkul A, Bodur H, Korukruoglu G, Mousavi M, et al.
326 Development and evaluation of a real-time RT-qPCR for detection of Crimean-Congo hemorrhagic fever
327 virus representing different genotypes. *Vector Borne Zoonotic Dis.* 2014;14(12):870-2. doi:
328 10.1089/vbz.2014.1577. PubMed PMID: 25514124; PubMed Central PMCID: PMC4270107.
- 329 20. Atkinson B, Chamberlain J, Logue CH, Cook N, Bruce C, Dowall SD, et al. Development of a
330 real-time RT-PCR assay for the detection of Crimean-Congo hemorrhagic fever virus. *Vector Borne*
331 *Zoonotic Dis.* 2012;12(9):786-93. doi: 10.1089/vbz.2011.0770. PubMed PMID: 22217175.
- 332 21. Ibrahim SM, Aitichou M, Hardick J, Blow J, O'Guinn ML, Schmaljohn C. Detection of Crimean-
333 Congo hemorrhagic fever, Hanta, and sandfly fever viruses by real-time RT-PCR. *Methods Mol Biol.*
334 2011;665:357-68. doi: 10.1007/978-1-60761-817-1_19. PubMed PMID: 21116810.
- 335 22. Kondiah K, Swanepoel R, Paweska JT, Burt FJ. A Simple-Probe real-time PCR assay for
336 genotyping reassorted and non-reassorted isolates of Crimean-Congo hemorrhagic fever virus in southern
337 Africa. *J Virol Methods.* 2010;169(1):34-8. doi: 10.1016/j.jviromet.2010.06.010. PubMed PMID:
338 20599559.
- 339 23. Duh D, Saksida A, Petrovec M, Dedushaj I, Avsic-Zupanc T. Novel one-step real-time RT-PCR
340 assay for rapid and specific diagnosis of Crimean-Congo hemorrhagic fever encountered in the Balkans. *J*
341 *Virol Methods.* 2006;133(2):175-9. doi: 10.1016/j.jviromet.2005.11.006. PubMed PMID: 16343650.
- 342 24. Vanhomwegen J, Alves MJ, Zupanc TA, Bino S, Chinikar S, Karlberg H, et al. Diagnostic assays
343 for Crimean-Congo hemorrhagic fever. *Emerg Infect Dis.* 2012;18(12):1958-65. doi:
344 10.3201/eid1812.120710. PubMed PMID: 23171700; PubMed Central PMCID: PMC3557897.
- 345 25. Garrison AR, Alakbarova S, Kulesh DA, Shezmukhamedova D, Khodjaev S, Endy TP, et al.
346 Development of a TaqMan minor groove binding protein assay for the detection and quantification of
347 Crimean-Congo hemorrhagic fever virus. *Am J Trop Med Hyg.* 2007;77(3):514-20. PubMed PMID:
348 17827370.
- 349 26. Lumley S, Atkinson B, Dowall S, Pitman J, Staplehurst S, Busuttill J, et al. Non-fatal case of
350 Crimean-Congo haemorrhagic fever imported into the United Kingdom (ex Bulgaria), June 2014. *Euro*
351 *Surveill.* 2014;19(30). PubMed PMID: 25108534.
- 352 27. Hasan Z, Mahmood F, Jamil B, Atkinson B, Mohammed M, Samreen A, et al. Crimean-Congo
353 hemorrhagic fever nosocomial infection in a immunosuppressed patient, Pakistan: case report and
354 virological investigation. *J Med Virol.* 2013;85(3):501-4. doi: 10.1002/jmv.23473. PubMed PMID:
355 23172105.
- 356 28. Chamberlain J, Atkinson B, Logue CH, Latham J, Newman EN, Hewson R. Genome Sequence of
357 Ex-Afghanistan Crimean-Congo Hemorrhagic Fever Virus SCT Strain, from an Imported United
358 Kingdom Case in October 2012. *Genome Announc.* 2013;1(3). doi: 10.1128/genomeA.00161-13.
359 PubMed PMID: 23682136; PubMed Central PMCID: PMC3656198.
- 360 29. Atkinson B, Chamberlain J, Jameson LJ, Logue CH, Lewis J, Belobrova EA, et al. Identification
361 and analysis of Crimean-Congo hemorrhagic fever virus from human sera in Tajikistan. *Int J Infect Dis.*
362 2013;17(11):e1031-7. doi: 10.1016/j.ijid.2013.04.008. PubMed PMID: 23764351.

- 363 30. Tishkova FH, Belobrova EA, Valikhodzhaeva M, Atkinson B, Hewson R, Mullojonova M.
 364 Crimean-Congo hemorrhagic fever in Tajikistan. *Vector Borne Zoonotic Dis.* 2012;12(9):722-6. doi:
 365 10.1089/vbz.2011.0769. PubMed PMID: 22217164.
- 366 31. Atkinson B, Latham J, Chamberlain J, Logue C, O'Donoghue L, Osborne J, et al. Sequencing and
 367 phylogenetic characterisation of a fatal Crimean - Congo haemorrhagic fever case imported into the
 368 United Kingdom, October 2012. *Euro Surveill.* 2012;17(48). PubMed PMID: 23218389.
- 369 32. Deyde VM, Khristova ML, Rollin PE, Ksiazek TG, Nichol ST. Crimean-Congo hemorrhagic
 370 fever virus genomics and global diversity. *J Virol.* 2006;80(17):8834-42. Epub 2006/08/17. doi:
 371 80/17/8834 [pii]
- 372 10.1128/JVI.00752-06. PubMed PMID: 16912331.
- 373 33. Gire SK, Goba A, Andersen KG, Sealfon RS, Park DJ, Kanneh L, et al. Genomic surveillance
 374 elucidates Ebola virus origin and transmission during the 2014 outbreak. *Science.* 2014;345(6202):1369-
 375 72. doi: 10.1126/science.1259657. PubMed PMID: 25214632; PubMed Central PMCID: PMC4431643.
- 376 34. Kugelman JR, Sanchez-Lockhart M, Andersen KG, Gire S, Park DJ, Sealfon R, et al. Evaluation
 377 of the potential impact of Ebola virus genomic drift on the efficacy of sequence-based candidate
 378 therapeutics. *MBio.* 2015;6(1). doi: 10.1128/mBio.02227-14. PubMed PMID: 25604787; PubMed Central
 379 PMCID: PMC4313914.

380

381

382 **Supplementary**

383
384 **Figure S1. CCHFV sequence analysis.** CCHFV S segment sequences containing the assay target region
385 were identified in GenBank and aligned to show the forward and reverse primers (red) and the probe
386 (green) region of the CCHF-S assay. The dominant nucleotide variants within these sequences, with the
387 exception of one, are covered in the newly designed primers and probe. The single variant, the G at the 5'
388 forward primer end, should have little impact on primer binding and extension.

CCHFV 10200 Standard Curve with Hewson assay

Run 10200 RNA in triplicate at 8 dilutions starting at 1:10
with one NTC (H₂O)

Reaction Mix

(SuperScript III Platinum One-Step Quantitative RT-PCR System)

				# Rxns =
Reagents	Stock	[Final]	1rxn	28
2X Reaction Mix	2	1	10	280
Nuclease-free water			1.7	47.6
100 µM F. Primer	18	0.9	1	28
100 µM R. Primer	18	0.9	1	28
100 µM Probe	25	0.625	0.5	14
RT/Platinum Taq Mix			0.8	22.4
X pg/µL RNA-pos cntrl/H ₂ O		X pg/µL	5	

20

Cycling Conditions:

Temp	Time	Cycles
50C	10 min	1
95C	2 Min	1
95 C	10 sec	45
60 C	40 sec	
40 C	30 sec	1

Results:

		Hewson			
pfu/PCR rxn		CP			
Standard Log Concentration		Rep1	Rep2	Rep3	Avg
1.28E+04		32.25	32.21	32.61	32.36
2.56E+03		34.83	34.75	35.2	34.93
1.28E+03		36.33	36.66	35.73	36.24
2.56E+02		38.24	38.5	38.91	38.55
1.28E+02		39.47	39.17	39.86	39.50
2.56E+01		41.06	ND	40.88	40.97
1.28E+01		42.77	42.7	ND	42.74
2.56E+00		ND	ND	ND	

Error: 0.127
Efficiency: 1.994
Slope: -3.337
Yintercept: 46.28

CCHFV Standard Curve

Run 10200 RNA in triplicate at 7 dilutions starting with stock and one NTC (H2O)

Reaction Mix

				# Rxns =
Reagents	Stock	[Final]	1rxn	27
Mater Mix			14.6	394.2
RT/Platinum Taq Mix			0.4	10.8
X pg/ μ L RNA-pos cntrl/H2O		X pg/ μ L	5	

20

PCR Cycling Conditions

Temp	Time	Cycles
50C	15 min	1
95C	5 Min	1
94 C	1 sec	45
55 C	20 sec	
68 C	5 sec	
40 C	30 sec	1

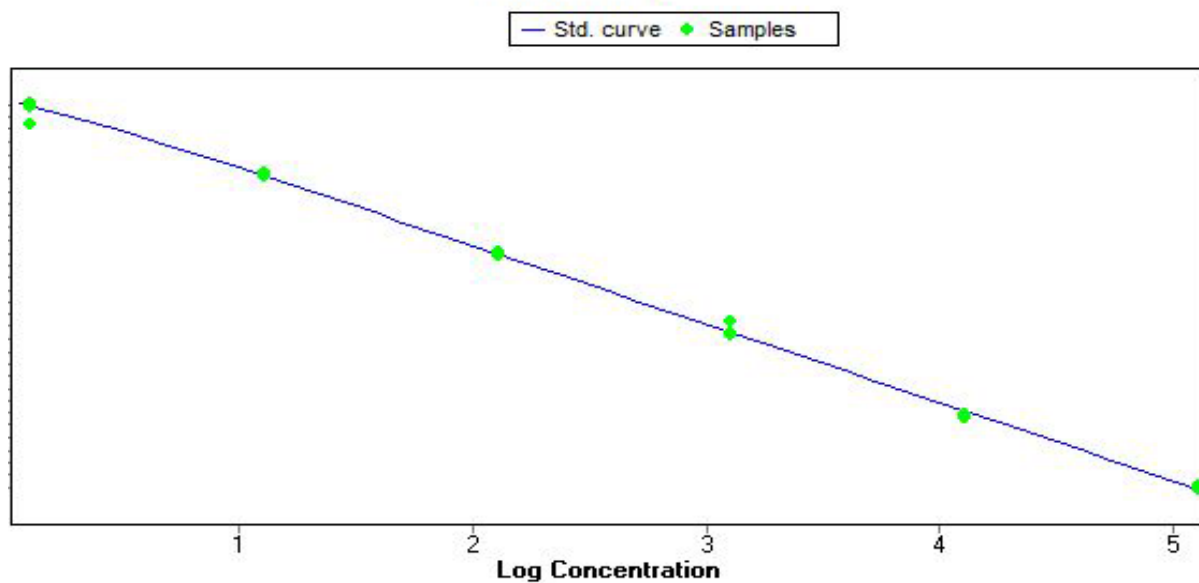
Crossing Point
36
34
32
30
28
26
24
22

Results:

Standard Log Concentration	CP			
	Rep1	Rep2	Rep3	
1.28E+05	21.04	20.87	21.03	20.98
1.28E+04	23.9	23.97	23.79	23.886667
1.28E+03	27.14	27.69	27.21	27.346667
1.28E+02	30.49	30.37	30.37	30.41
1.28E+01	33.55	33.77	33.71	33.676667
1.28E+00	36.44	36.57	35.74	36.25
1.28E-01	ND	ND	37.07	
1.28E-02	ND	ND	ND	

21.01 20.91 20.89 20.936667
24.1 23.99 24.2 24.096667
27.31 27.39 27.26 27.32
30.17 30.24 30.22 30.21
33.66 33.62 33.74 33.673333
35.74 35.84 35.79

Standard Curve



x	y
1.28E+05	20.98
1.28E+04	23.88667
1.28E+03	27.34667
1.28E+02	30.41
1.28E+01	33.67667
1.28E+00	36.25

R^2
0.503227

X	Y
1.28E+05	21.04
1.28E+05	20.87
1.28E+05	21.03
1.28E+04	23.9
1.28E+04	23.97
1.28E+04	23.79
1.28E+03	27.14
1.28E+03	27.69
1.28E+03	27.21
1.28E+02	30.49
1.28E+02	30.37
1.28E+02	30.37
1.28E+01	33.55
1.28E+01	33.77
1.28E+01	33.71
1.28E+00	36.44
1.28E+00	36.57
1.28E+00	35.74

R^2
0.502586

Error: 0.023
Efficiency: 2.06
Slope: -3.187
Yintercept: 36.95

1.28E+05	20.93667
1.28E+04	24.09667
1.28E+03	27.32
1.28E+02	30.21
1.28E+01	33.67333
1.28E+00	35.79

0.520809